(37 CFR 1.16(d))

CLAIMS AS AMENDED - PART II

the difference in column 1 is less than zero, enter "O" in column 2.

MULTIPLE DEPENDENT CLAIM PRESENT

		(Column 1)		(Column 2)	(Column 3)
NDMENT .		CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Ž	Total (37 OFR 1.16(ch	1.19	Minus	90	• (
AMEN	Independent (3) CFR L16()()	3	Minus	=3	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

Best Available Copy

SMALL	ENTITY	OR t	OTHE	OTHER THAN SMALL ENTITY	
RATE .	ADOI- TIONAL - FEE	; ;	PATE	ADDIL FEE	
x.25.)	OR	x 350		
x s/00=		ÓR	x 200.		
+./80.	5	OR	+,360	<u> </u>	
TOTAL ADD'L FEE		OR '	TOTAL		

		(Cotumn 2)	(Column 3)			
CLAIMS REMAINING - AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT			
25	Minus	" 2D	. 5			
3	Minus	- 3	-			
FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1, 16(d))						
	REMAINING AFTER AMENDMENT	FREMAINING AFTER AMENDMENT 13 25 Minus 10 3 Minus	REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR 11 25 Minus "2D Minus "3			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL "FEE	
x . 25 -		OR	x 50	250	•
x.100.	,	OR	x s 200.		
+, 180=		OR	+360		
ADD'L FEE		OR	ADD'L FEE	250	
	,	•	:		

_		(Column 1)		(Column 2)	(Column 3)
DMENT 🖢		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Σ	Total (37 CFR 1.18(c))	;	Minus	••	=
AMEN	Independent (3) CFR 1,14(x)		Minus	-	
A	FIRST PRESENT	ATION OF MULTIPLE	E DEPENO	ENT CLAIM (37 CF	R 1.16(dj)

RATE	ADDI- TIONAL • FEE].	RATE	ADDI- TIONAL FEE
x \$=	<u>.</u>	OR	x,s=	
X 1		OR	X 8 =	
+5 =		OR	+ s =	· ·
ADD'L FEE		OR .	TOTAL ADD'LFEE	. ,

* If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

"If the "righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "30".

The "righest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the public which is t

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2